



J. TYLER McCAULEY  
AUDITOR-CONTROLLER

**COUNTY OF LOS ANGELES  
DEPARTMENT OF AUDITOR-CONTROLLER**

KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET, ROOM 525  
LOS ANGELES, CALIFORNIA 90012-2766  
PHONE: (213) 974-8301 FAX: (213) 626-5427

August 16, 2006

TO: Mayor Michael D. Antonovich  
Supervisor Gloria Molina  
Supervisor Yvonne B. Burke  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe

FROM: J. Tyler McCauley   
Auditor-Controller

SUBJECT: **HILLVIEW MENTAL HEALTH CENTER, INC. CONTRACT  
COMPLIANCE REVIEW**

We have completed a contract compliance review of Hillview Mental Health Center (Hillview or Agency), a Department of Mental Health Services (DMH) service provider.

**Background**

DMH contracts with Hillview, a private, non-profit, community-based organization, which provides services to clients in Service Planning Area 2. Services include interviewing program participants, assessing their mental health needs, and developing and implementing a treatment plan.

Our review focused on approved Medi-Cal billings where at least 35% of the total service cost was paid using County General Funds. At Hillview, these services include Targeted Case Management Services, Mental Health Services, Medication Support Services, and Crisis Intervention Services. The Agency's headquarters is located in the Third District.

DMH paid Hillview between \$1.42 and \$3.38 per minute of staff time (\$85.20 to \$202.80 per hour). For Fiscal Year 2005-06, DMH contracted with Hillview to provide approximately \$7.3 million in services overall.

### **Purpose/Methodology**

The purpose of the review was to determine whether Hillview provided the services outlined in their contract with the County. Our monitoring visit included a review of a sample of the Hillview's billings, participant charts, and personnel and payroll records. We also interviewed staff from Hillview and a sample of the participants' parents and guardians.

### **Results of Review**

Overall, Hillview provided the program services outlined in the County contract. The Agency used qualified staff to perform the services billed and the participants interviewed stated that the services they received met their expectations.

Hillview over billed DMH for 530 (11%) minutes of the 4,623 minutes sampled. The amount over billed totaled \$648. Specifically, we noted the following:

- The Agency billed 410 minutes at a rate higher than the contract allows. The billings were for Medication Support and Mental Health Services, but the service description and procedure code in the Progress Notes indicates that the Agency provided Targeted Case Management Services.
- The Agency did not provide documentation to support 120 minutes.

In addition, Hillview did not sufficiently document 1,647 (36%) of the 4,623 service minutes sampled. For example, the Progress Notes did not describe what the client or service staff attempted and/or accomplished towards the clients' goal(s). The Agency also did not have completed Client Care Plans for 26 (59%) of the 44 participants sampled.

We have attached the details of our review, along with recommendations for corrective action.

### **Review of Report**

We discussed the results of our review with Hillview on June 21, 2006. In their attached response, the Agency generally agreed with the results of our review and describes their corrective actions to address the findings and recommendations contained in the report.

Board of Supervisors  
August 16, 2006  
Page 3

We thank Hillview management for their cooperation and assistance during this review. Please call me if you have any questions, or your staff may contact Don Chadwick at (626) 293-1102.

JTM:MMO:DC

Attachment

c: David E. Janssen, Chief Administrative Officer  
Dr. Marvin J. Southard, Director, Department of Mental Health  
Dr. Eva McCraven, Executive Director, Hillview Mental Health Center  
Public Information Office  
Audit Committee

**COUNTYWIDE CONTRACT MONITORING REVIEW  
FISCAL YEAR 2005-2006  
HILLVIEW MENTAL HEALTH CENTER**

**BILLED SERVICES**

**Objective**

Determine whether Hillview Mental Health Center (Hillview or Agency) provided the services billed in accordance with their contract with Department of Mental Health (DMH).

**Verification**

We judgmentally selected 4,623 minutes from 161,895 service minutes of approved Medi-Cal billings to DMH where at least 35% of the total service cost was paid using County General Funds. We reviewed the Progress Notes and Client Care Plans, maintained in the clients' charts. We also reviewed a sample of 20 Assessments. The 4,623 minutes represent services provided to 44 program participants.

Although we started our review in January 2006, the most current billing information available from DMH's billing system was September and October 2005.

**Results**

Hillview over billed DMH for 530 (11%) minutes of the 4,623 minutes sampled. The amount over billed totaled \$648. Specifically, we noted the following:

- The Agency billed 410 minutes at a rate higher than the contract allows. The billings were for Medication Support and Mental Health Services, but the service description and procedure code in the Progress Notes indicates that the Agency provided Targeted Case Management Services.
- The Agency did not provide documentation to support 120 minutes.

In addition, Hillview did not sufficiently document 1,647 (36%) of the 4,623 service minutes sampled. Specifically, we noted the following:

- The Agency billed 500 minutes in which more than one staff was present during an intervention, but the Progress Notes did not describe the specific contribution of each staff person.
- The Agency billed 765 minutes for Mental Health Services, but the Progress Notes did not describe what the client or service staff attempted and/or accomplished towards the clients' goal(s).

- The Agency billed 432 minutes for Medication Support Services, but the Progress Notes did not contain the Procedure Code.

### Client Care Plans

Hillview did not have completed Client Care Plans for 26 (59%) of the 44 charts sampled. The Client Care Plan establishes goals and interventions that address the Mental Health issues identified in the client's Assessment. Specifically, we noted the following:

- Eight charts did not contain a Client Care Plan for each type of treatment provided.
- Eleven Client Care Plans did not contain observable and/or quantifiable goals.
- Nine Client Care Plans were not signed by the participants or legally responsible adults.

The total number of Client Plans cited above exceeded the number of Client Plans reviewed because some of the Client Plans contained more than one deficiency.

### Recommendations

#### **Hillview management:**

1. **Repay DMH \$648 for the amount over billed.**
2. **Properly document all services billed to DMH.**
3. **Ensure that Client Care Plans are completed, contain specific quantifiable goals, and are signed by the client for each type of treatment provided.**

### CLIENT VERIFICATION

#### Objectives

Determine whether the program participants received the services that Hillview billed DMH.

#### Verification

We interviewed eight clients that Hillview billed DMH for services during September and October 2005.

**Results**

The eight program participants interviewed stated that they received services from the Agency and the services met their expectations.

**Recommendation**

**There are no recommendations for this section.**

**STAFFING LEVELS**

The objective of this section is to determine whether the Agency maintained the appropriate staffing ratios for applicable services.

We did not perform test work in this section, as the Agency does not provide services that require staffing ratios for the funding programs that we reviewed.

**STAFFING QUALIFICATIONS****Objective**

Determine whether Hillview treatment staff possessed the required qualifications to provide the services.

**Verification**

We reviewed the California Board of Behavioral Sciences' website and/or the personnel files for 20 (31%) of 65 Hillview treatment staff for documentation to support their qualifications.

**Results**

Each employee in our sample possessed the qualifications required to deliver the services billed.

**Recommendation**

**There are no recommendations for this section.**

**SERVICE LEVELS****Objective**

Determine whether Hillview's reported service levels varied significantly from the service levels identified in the DMH contract.

**Verification**

We obtained the Fiscal Year (FY) 2004-05 Cost Report submitted to DMH by Hillview and compared the dollar amount and billed units of service to the contracted units of service identified in the contract for the same period.

**Results**

Hillview operated within its contracted amount of \$7.3 million overall. However, within specific service categories Hillview significantly deviated from contracted services levels without prior written authorization from DMH. Specifically, Hillview contracted with DMH to provide 4,467 units of Day Rehabilitation services for FY 2004-05, but did not provide the services. In addition, Hillview contracted with DMH to open an Adult Residential facility and provide 730 units of service in FY 2004-05, but the Agency experienced delays opening the facility and did not provide the service.

DMH management indicated that they were aware that the Agency would not provide these services and agreed to allow the Agency to use these funds for other services. However, neither party could provide documentation to support the agreement, as required by the County Contract.

**Recommendation**

4. **Hillview management obtain written authorization from DMH prior to deviating from contracted service levels.**



HILLVIEW

MENTAL  
HEALTH  
CENTER  
I N C

August 7, 2006

**J. Tyler McCauley**  
**Countywide Contract Monitoring Division**  
**Los Angeles County Department of Auditor-Controller**  
1000 S. Fremont Avenue, Unit#51  
Alhambra, CA 91803-4737  
(626) 293-1172

**Re: Hillview Compliance Review Response**

To Whom It May Concern:

This report is a formal response by Hillview Mental Health Center that explains the corrective actions that have been imposed to address the findings and recommendations of the Auditor-Controller Contract Compliance Review.

Attachments are included in this report to illustrate that system process that has been developed by Hillview Mental Health Center Management and the Quality Improvement Department.

We have found the Auditor-Controller Compliance Review to be an educational and beneficial experience in developing quality services for our agency and the people we serve in the community.

Please feel free to contact me at (818) 896-1161, extension 211, if further clarification is needed in regards to this report. Thank you for your assistance.

Sincerely,

**Eva McCraven, PhD**  
**Executive Director**  
**Hillview Mental Health Center**

12450 Van Noys Blvd.  
Suite 200  
Pacoima, CA 91331  
Telephone: (818) 896-1161  
Fax: (818) 896-5069



## HILLVIEW MENTAL HEALTH CENTER

### Billed Services

- Hillview's Quality Improvement Department (Q.I) has implemented processes to assist in the development of the staff and monitor that services are billed in accordance with our contract with Department of Mental Health.
  - Monthly meetings with the Medical Records Department are now being conducted to review the accuracy of charting verification and to prevent over billing and procedure code errors.
  - Since February 2006, the Quality Improvement Department conducts a 'Peer Audit Review System' on a monthly basis with the goal of reviewing 20% of a random sample of medical records per program. (Attachment A)
  - The Q.I. Department performs Inservice Trainings for all clinical and counseling staff with post-tests on the topic of Quality Documentation and Charting. (Attachment B)
  - The Outpatient Medication Evaluation form has now been revised to contain the Procedure Code on the Progress Note for Medication Support Services. (Attachment C)

### Client Care Plans

- Cycle Notifications are now distributed to all clinical and counseling staff by the Quality Improvement Department to inform the staff when Client Care Coordination Plans are due. (Attachments D, E, F, G)
- Cycle Review updates are given monthly to Program Directors and Hillview management to monitor the completion of the Client Care Plans. (Attachment H)
- 2-day individual trainings are conducted for all clinical and counseling staff by the Q.I. Department addressing goals and interventions that address Mental Health issues and the appropriate completion of the forms. (Attachment I)

### Client Verification

- No issues identified in the report

**Staffing Levels**

- No issues identified in the report

**Staffing Qualifications**

- No issues identified in the report

**Service Levels**

- Hillview Mental Health Center has agreed to take out the Day Rehabilitation services for FY 2006-2007 in the contract with DMH

# HILLVIEW MENTAL HEALTH CENTER

## CLINICAL CHART REVIEW

Client Name: \_\_\_\_\_

MIS #: \_\_\_\_\_

Section	Document	Requirements	Complete	
			Yes	No N/A
I. Administrative	A. Client Care/Coordination Plan (Old Service Plan)	1. Admit date: _____ Cycle months: 6 mo. _____ Annual: _____ Initially completed within 60 days of admit		
		2. Updated every 6 months		
		3. New form completed every year		
	Initial CC/CP	4. Symptoms and functional impairment are same as on AIA and MD eval.		
	Current CC/CP	5. There is a current CC/CP		
	Current CC/CP	6. Long-term goals are in client's words		
	Current CC/CP	7. Objectives are specific and measurable		
	Current CC/CP	8. Objectives focus on increasing functioning, decreasing impairment/symptoms previously identified		
	Current CC/CP	9. Intervention states how staff will help client meet specific objective		
	Current CC/CP	10. Client participation noted by statement of how they agree to participate and their signature. If client has not signed form, there is an explanation of why		
	Current CC/CP	11. All other sections completed		
	All CC/CP	12. Staff signatures, including MD when meds are received, and LPHA are present		
Administrative	B. Annual Assess Update	1. If open more than 1 year, Annual Assessment Update in chart for each year		
		2. An approved DSM IV diagnosis is still applicable (question #5)		
		3. If diagnosis has changed, a Change of Diagnosis form has been completed		
		4. A "yes" answer, indicating significant impairment, in at least one area of functioning (question #6)		
		5. Staff signatures, including an LPHA, are present		
Administrative	C. Client Face Sheet	1. An approved DSM IV diagnosis:		
II. History and Physical	A. Adult Initial Assessment	1. There is adequate information to support the DSM IV diagnosis		

Section		Document	Requirements	Complete Yes No	N/A
II. History and Physical	A. Adult Initial Assessment		2. The diagnosis is the same as on the Face Sheet If different, a Change of Diagnosis form has been completed		
		B. Initial Psychiatric Evaluation	3. All sections are complete, including the Substance Abuse Screening Tool 1. The diagnosis is the same as on the Face Sheet If different, a Change of Diagnosis form has been completed		
	A. Progress Notes (Past 3 months)		1. Date, Activity Code, and Time are noted 2. If more than 1 staff participates, # is noted in margin, names are identified in note, and second staff contribution is noted.		
III. Progress Notes			3. Goals are identified and consistent with the Client Care/Coordination Plan		
			4. Staff interventions, client response, and follow-up plan is indicated		
			5. MHS notes are clinical-discussing behaviors and emotions		
			6. Staff signature and title/degree/license are at the end of all entries		
			7. Annual Progress Note verifying medical necessity stating there was face-to-face contact with the completion of the CC/CP		
			8. If client has Limited English Proficiency, the note states that interpretive services were offered. If family provides interpretive services, it is documented that client preferred family, and that other linguistic services were offered		
			1. The diagnosis is identified and is the same as on the Face Sheet		
	A. MD Medication Evaluation Plan (Past 3 months)		2. Identifies any side effects; if client is not taking meds as prescribed or medication change		
IV. Physician's Orders	B. Physician's Orders/Med. Log (Past 3 months)		1. Identifies name, dosage, and quantity of each medication prescribed with all changes		
			1. Identifies each medication prescribed, with potential side effects the client		
	C. Outpatient Medication Review (Past 3 months)		2. Updated annually for each medication		

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

HILLVIEW MENTAL HEALTH CENTER, INC.  
PRELIMINARY INSERVICE TRAINING SCHEDULE  
2005-2006

(1<sup>st</sup> and 3<sup>rd</sup> Wednesday/3:00pm/Group Room 208)

DATE	TOPIC	PRESENTERS
08/24/05	Overview: Diagnosis, Symptomology & Interventions	Dr. Tripodis Esther Coleman, Ph.D.
09/7/05	Documentation and Charting	Julie Jones, M.F.T. Denise Greenspan, L.C.S.W. Jack Avila, L.C.S.W. Darren McDonough, Ph.D.
09/21/05	Mandatory Reporting Requirements	Esther Coleman, Ph.D.
10/5/05	Ethics and Confidentiality	Jack Avila, L.C.S.W.
10/19/05	Documentation and Charting	Jack Avila, L.C.S.W. Julie Jones, M.F.T. Denise Greenspan, L.C.S.W. Darren McDonough, Ph.D.
11/2/05	Co-Occurring Issues	Dr. May
11/16/05	Stress Reduction- Wellness Training	Darren McDonough, Ph.D.
12/7/05	Documentation and Charting	Jack Avila, L.C.S.W. Julie Jones, M.F.T. Denise Greenspan, L.C.S.W. Darren McDonough, Ph.D.
12/21/05	Crisis Intervention Protocols-5150 and Codes	Esther Coleman, Ph.D.
01/4/06	Disaster Response & The Chronically Mentally Ill	Dr. May
01/18/06	Documentation and Charting	Jack Avila, L.C.S.W. Julie Jones, M.F.T. Denise Greenspan, L.C.S.W. Darren McDonough, Ph.D.
02/1/06	Overview: Diagnosis, Symptomology & Interventions	Dr. Tripodis Esther Coleman, Ph.D.
02/15/06	Co-Occurring Issues	Dr. May
03/1/06	Documentation and Charting	Jack Avila, L.C.S.W. Julie Jones, M.F.T. Denise Greenspan, L.C.S.W. Darren McDonough, Ph.D.
03/15/06	Mandatory Reporting Requirements	Esther Coleman, Ph.D.
04/5/06	Case Mgmt. Services Maintaining Approp. Limits and Boundaries	Jack Avila, L.C.S.W.
04/19/06	Documentation and Charting	Jack Avila, L.C.S.W. Julie Jones, M.F.T. Denise Greenspan, L.C.S.W. Darren McDonough, Ph.D.
05/3/06	<del>Community Resources</del> <i>Wine</i>	<del>Boris Smith, L.V.N.</del> <i>Dr. May</i>

05/17/06	Co-Occurring Issues	Dr. May
06/7/06	Documentation and Charting	Jack Avila, L.C.S.W. Julie Jones, M.F.T. Denise Greenspan, L.C.S.W. Darren McDonough, Ph.D.
06/21/06	Employment Services	Steve Davis, B.A.
07/05/06	Servicing Older Adults	Gaston Nguyen, Ph.D. Maxine Day, Ph.D.
07/19/06	Documentation and Charting	Jack Avila, L.C.S.W. Julie Jones, M.F.T. Denise Greenspan, L.C.S.W. Darren McDonough, Ph.D.
08/2/06	Overview: Diagnosis, Symptomology & Interventions	Dr. Tripodis Esther Coleman, Ph.D.
08/16/06	Co-Occurring Issues	Dr. May
09/06/06	Documentation and Charting	Jack Avila, L.C.S.W. Julie Jones, M.F.T. Denise Greenspan, L.C.S.W. Darren McDonough, Ph.D.
09/20/06	Cultural Competency Issues	Gaston Nguyen, Ph.D.
10/4/06	Mandatory Reporting Requirements	Esther Coleman, Ph.D.
10/18/06	Documentation and Charting	Jack Avila, L.C.S.W. Julie Jones, M.F.T. Denise Greenspan, L.C.S.W. Darren McDonough, Ph.D.
11/1/06	Management of Borderline Clients	Dr. Tripodis
11/15/06	Ethics and Confidentiality	Jack Avila, L.C.S.W.
12/6/06	Documentation and Charting	Jack Avila, L.C.S.W. Julie Jones, M.F.T. Denise Greenspan, L.C.S.W. Darren McDonough, Ph.D.
12/20/06	Co-Occurring Issues	Dr. May

As Needed : Non-Violent Crisis Intervention Training  
Earthquake and Fire Safety Training  
CPR & First Aid Training  
HIPAA Training  
Supplemental Cultural Competency Training provided by DMH

Hillview Mental Health Center, Inc.  
M.D./D.O. Medication Evaluation/Plan

Client: \_\_\_\_\_ MIS# \_\_\_\_\_ ☐ 90862 indiv. med  
Duration of Service (in min.) \_\_\_\_\_ ☐ phone ☐ family/caregiver present ☐ M0064 brief med  
☐ 90801 init. psych eval  
☐ other \_\_\_\_\_

Mental Status	Yes	No		Yes	No
Poor Grooming	( )	( )	Disorganized thoughts	( )	( )
Normal motor/gait	( )	( )	Hallucinations	( )	( )
Good eye contact	( )	( )	Guarded/paranoid	( )	( )
Oriented	( )	( )	Expansive/grandiose	( )	( )
Alert	( )	( )	Anxious / Irritable	( )	( )
Alogia	( )	( )	Depressed	( )	( )
Rapid speech	( )	( )	Flat affect	( )	( )
Psychomotor agitation	( )	( )	Labile affect	( )	( )
Psychomotor retardation	( )	( )	Wt change	( ) wt _____	( )
Homicidal Ideation	( )	( )	Poor insight	( )	( )
Suicidal Ideation	( )	( )	Poor judgment	( )	( )

Medication Compliant: Yes ( ) No ( ) Side Effects: Yes ( ) No ( )  
Lab results reviewed: Yes ( ) No ( ) Signs of TD: Yes ( ) No ( )  
(Specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Response to medications/current symptoms and stressors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drug or Alcohol Use/Treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assessment and Medication/Treatment Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Meets medical necessity due to:

- ☐ At risk of hospitalization or hospitalized in last month  
☐ Axis I diagnosis of major mental disorder  
☐ Suicidal/ dangerous in last month

- ☐ Needs med. monitoring  
☐ Impaired community functioning  
☐ Recurring psychiatric history of functional impairment

Primary diagnosis is: \_\_\_\_\_ DSM code(s): \_\_\_\_\_

Secondary Diagnosis(es) is/are: \_\_\_\_\_

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date of service

## Inter-Office Memorandum

**Date:** May 30, 2006

**To:** Karine Gralyan  
Catherine Dolberry

**From:** Denise Greenspan, LCSW-Quality Improvement Auditor/Trainer

**CC:** Eva S. McCraven, Ph.D  
Beth Meltzer, MS  
Julie Jones, MFT  
Hazel Westbrook

**Re:** Cycle Notifications

---

This memorandum is to clarify dates for Cycle Notifications. The staff should receive the following notices by the below specified dates:

**28<sup>th</sup>-30<sup>th</sup> of every month: New Cycle Reviews** due during the following month.

i.e. April/October Cycle Reviews-should be sent out by Feb.28<sup>th</sup> because it is due by March 31<sup>st</sup>.

**28<sup>th</sup>-30<sup>th</sup> of every month: Incomplete CC/CP Notifications** from the previous month.  
CC/CP's that were submitted incomplete because the CM was unable to contact CL need to be reminded to continue making efforts to complete the CC/CP with the CL.

**20<sup>th</sup> of every month: Reminders notices** for the Cycle Reviews due by the end of the month.

i.e. April/October Cycle Reviews-should receive a reminder notice by March 20<sup>th</sup>.

**3<sup>rd</sup> of every month: Late Notices** for the Cycle Reviews that were due the previous month.

i.e. April/October Cycle Reviews-should receive late notices by April 3<sup>rd</sup>.



## HILLVIEW MENTAL HEALTH CENTER

---

### Annual Review Notification

**Date:** 5/31/2006

**To:** All Clinical and Counseling Staff

**From:** Karine Gralyan, Quality Improvement Assistant

**Re:** **Annual** Review Updates

---

Attached you will find a list of all of the annual cycle updates that are due by

**JUNE 30, 2006.** Once you have completed the Annual

Assessment Update, Client Care Coordination Plan, Notice of Privacy Practices, and the Complaint and Grievance form, please submit the **Cycle Review Cover Sheet**, with all of the required attachments (Annual Assessment Update, CC/CP Notice of Privacy Practices, Complaint and Grievance form, Progress Note, Fee Slip, and Episode Screen).

Thank you.

**CC:** Julie Jones, MFT  
Denise Greenspan, LCSW  
Jack Avila, LCSW  
Darren McDonough, Ph.D.

# Inter-Office Memorandum

**Date:** JUNE 5, 2006

**To:** All Clinical and Counseling Staff

**From:** Karine Gralyan

**CC:** Eva S. McCraven, Ph.D  
Denise Greenspan, LCSW  
Julie Jones, MFT  
Jack Avila, LCSW  
Darren McDonough, Ph.D.

**Re:** LATE NOTICE for Six-month and Annual Review Updates

---

Attached you will find all Six-month and Annual Review Updates that were due by MAY 31, 2006 and are now late. It is expected that you have discussed with your Program Director the reasons why they have not been completed, and a plan has been established. Once you have completed the necessary information, submit the attached form to me.

Remember, a progress note should be completed indicating attempts made to contact the client/consumer, and the reasons for why the updates have not been completed by the cycle end date.

If you have any questions, or need any assistance, please don't hesitate to ask Denise. Thank you

## HILLVIEW MENTAL HEALTH CENTER

---

### Incomplete CC/CP Notification

**Date:**

**To:** All Clinical and Counseling Staff

**From:**

**Re:** Incomplete CC/CP from previous month

---

Attached you will find a list of all of the Cycle Review Updates that were due last month and were submitted incomplete. This is a reminder to continue making attempts to have the client come in to meet with you to complete the CC/CP. Remember to document in the Progress Notes all attempts made.

Thank you.

**CC:** Julie Jones, MFT  
Denise Greenspan, LCSW  
Jack Avila, LCSW  
Maxine Day, Ph.D.  
Gaston Nguyen, Ph.D.

# Inter-Office Memorandum

**Date:** June 14, 2006

**To:** Program Directors

**From:** Denise Greenspan, LCSW-Quality Improvement Auditor/Trainer  
Julie Jones, MFT-Director, Quality Improvement

**CC:** Eva S. McCraven, Ph.D.  
Beth Meltzer, MS

**Re:** Stats on Cycle Review Updates

The following statistics are our best estimate on how many cycle review updates were due in May, and how many were actually completed.

Outpatient	Staff Name	Due	Completed
	Unassigned/Kim Feaster		
	Farzana Ghazanfar		
	Gaston Nyugen		
	Isaac Padilla		
	Maria Stone		
	Claudia Tejeda		
	Esther Coleman		
Total	% Completed	Due	Completed

Interns	Staff Name	Due	Completed
	Christina Ahumada		
	Niaz Khani		
	Grace Lee		
	Laura Thoreson		
	Maryam Vosogh		
Total	% Completed	Due	Completed

## Stats on Cycle Review Updates (cont'd)

TAY	Staff Name	Due	Completed
	Unassigned Molly Bartos Lori Loebner		
Total	% Completed	Due	Completed

AB 2034	Staff Name	Due	Completed
	Unassigned Kirby Fike Robert McAlpine Jude Okoro Chris Perkins Sharlene Perkins Hilda Quigley Sara Ramos		
Total	% Completed	Due	Completed

ACT	Staff Name	Due	Completed
	Joseph Barsuglia Steve Davis Jessica Held Aniesa Marks Leah McGowan Talin Melkonian Paz Montalvo Kiosha Nelson Robert Santa Maria		
Total	% Completed	Due	Completed

## Hillview Mental Health Center

---

### Training Agenda

#### Day 1

- I. Establishing Medical Necessity for Treatment
- II. Client Care Coordination Plans (CC/CP)
  - A. Review Case example 1 and sample CC/CP
  - B. Review sample Annual Assessment Update
  - C. Discuss how to write Objectives
  - D. Case Manager will complete Outcomes section of CC/CP, establish new Objectives and Interventions based on Annual Assessment Update, and complete new coordination cycle dates on last page of CC/CP
  - E. Discuss CC/CP completed by Case Manager
  - F. Identify sections on CC/CP which Case Manager could use additional training
  - G. Review Case examples 2 & 3, and complete sections on CC/CP that have been identified as focus for training
  - H. Discuss CC/CP completed by Case Manager

#### Day 2

- III. Progress Notes
  - A. Review basic format of Progress Note and see sample
  - B. Review case examples for Progress Notes and Case Manager will complete Progress Notes
  - C. Identify other Goals for Progress Notes based on Objectives from CC/CP